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## **Purpose**

The West Virginia Public Employees Insurance Agency (PEIA), and Buck Consultants, an independent consulting firm, are soliciting proposals for the PEIA to provide medical claims and customer service, care management, data analytics, subrogation, and communications. This solicitation serves as notice of the commodity or service being sought and is to be considered the opportunity for vendors to indicate their interest in bidding on such commodity or service.

The PEIA is looking for a vendor which will be very collaborative and:

- will be flexible and responsive to PEIA's wants and needs;
- will be accountable to PEIA for itself and any subcontractors;
- will treat PEIA's money as if it were its own including prompt and correct payments;
- will provide significant account management; and
- will have a business continuity/disaster recovery plan.

# **Project**

PEIA desires to have systems in place that will allow flexibility in a rapidly changing health care market, and will achieve the following objectives:

- to achieve greater cost savings and budget predictability for the PEIA, participating employers, and beneficiaries, with no reduction in the quality of health care offered in the state;
- to maintain and encourage improvements in the quality and accessibility of health care services available to PEIA insureds;
- to improve access to health care in rural areas of the state;
- to stimulate alternatives and increased efficiency in the way health care is delivered to PEIA insureds;
- to achieve the flexibility to adapt to changing incentives, cost-sharing, and reimbursement methodologies, as well as other changes in the health care market;
- to attain more comprehensive health care management; and
- to support a PPO network of in-state providers, out-of-state providers, and organ transplant providers.

## **RFP Format**

This RFP has ten parts:

- General Information, Terms and Conditions;
- Operating Environment describes the background and working environment of the project;
- Procurement Specifications is a statement of the specifications for the services requested pursuant to this RFP, contractual requirements, and special terms and conditions;
- Proposal Format explains the required format of the Bidder's response to the RFP, the evaluation criteria Buck Consultants and PEIA will use in evaluating the proposals received and how the evaluation will be conducted; and
- The Data section tells vendors where the data necessary for preparing their proposals can be found.

The remaining five sections contain questions about the services for which the PEIA is requesting a proposal: TPA Services, Care Management, Data Analysis Tool, Subrogation, and Communications.

## Inquiries

Additional information inquiries regarding specifications of this RFP must be submitted via email to Buck Consultants with the exception of questions

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regarding the proposal submission which may be oral. The deadline for written inquiries is identified in the Schedule of Events section. All inquiries of specification clarification must be addressed to diana.bump@buckconsultants.com.

The vendor, or anyone on the vendor's behalf, is not permitted to make any contact whatsoever with any member of the evaluation committee. Violation may result in rejection of the bid. The consultant named above is the sole contact for any and all inquiries after this RFP has been released.

## **Vendor Registration**

Vendors participating in this process should complete and file a Vendor Registration and Disclosure Statement (Form WV-1), which can be found at http://www.state.wv.us/admin/purchase/VRC/wv1.pdf, and remit the registration fee. Vendor is not required to be a registered vendor in order to submit a proposal, but the successful bidder must register and pay the fee prior to the award of an actual purchase order or contract.

## **Oral Statements and Commitments**

Vendor must clearly understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any PEIA personnel or consultant is not binding. Only the information issued in writing and added to the Request for Proposal specifications file by an official written addendum are binding.

## **Economy of Preparation**

Proposals should be prepared simply and economically, providing a straightforward, concise description of Vendor's abilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.

# **Response Instructions**

The sections within this RFP contain instructions governing how the Vendor's proposal is to be arranged and submitted and to identify the material to be included therein.

#### **Mandatory Requirements:**

The mandatory sections included in the Procurement Specifications section require a response, and they describe the minimum requirements requested in this RFP. Any specification or statement containing the word "must", "shall", or "will" are mandatory. The Vendor is required to meet the mandatory specifications in order to be eligible for consideration and to continue in the evaluation process. Failure to meet mandatory items shall result in disqualification of the Vendor's proposal and the evaluation process will be terminated for that vendor. Decisions regarding compliance with the intent of any mandatory specification shall be at the sole discretion of the PEIA.

#### Contract Terms and Conditions:

This Request for Proposal contains all the contractual terms and conditions under which the PEIA will enter into a contract.

# **Proposal Format and Submission**

Vendors must complete a response to all mandatory specifications in order to be considered. Each proposal should be submitted via eRFP with one hard copy as outlined below. No other arrangement or distribution of the proposal information may be made by the bidder. Failure on the part of the bidder to respond to specific requirements detailed in the RFP may be the basis for disqualification of the proposal. The PEIA reserves the right to waive any informality in the proposal format and minor irregularities.

All proposals must be submitted to Buck Consultants prior to or on the date and time stipulated in the RFP as the due date. All bids will be dated and time stamped to verify the official time and date of receipt.

When mailing hard copy proposals, vendors should allow sufficient time for mail delivery to ensure timely arrival. Proposals cannot be waived or

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excused for late receipt for any reason. Any proposal received after the due date and time will be immediately disqualified in accordance with state law and the administrative rules and regulations.

Vendors responding to this RFP shall submit:

One electronic response (submitted via eRFP);

One email response containing completed Appendices - E, F, G, H, K, and L (sent to diana.bump@buckconsultants.com); and One original technical and cost proposal sent to:

Diana Bump **Buck Consultants** 500 Grant Street Suite 2900 Pittsburgh PA 15219-2513

# Best Value Purchasing Standard Format:

All Requests for Proposal should follow the standard format defined in eRFP.

#### **Evaluation Criteria:**

The evaluation criteria are defined in the Evaluation Criteria section and based on a 100 point total score. Based on a 100 point total, cost shall represent a maximum of 30 of the 100 total points in the criteria.

# Proposal Format and Content:

Proposals will be requested and received in two distinct parts: Technical and Cost. The cost portion will not be opened initially.

# Technical Bid Opening:

Buck Consultants will begin reviewing only the technical proposals on the date and time specified in the Request for Proposal. Buck will also confirm that the original responses contain a separate cost proposal prior to providing the courtesy copies to the agency to begin the evaluation process.

#### **Technical Evaluation:**

Buck Consultants will review the technical proposals, deduct appropriate points for deficiencies and make a final written consensus recommendation to the evaluation committee. If the committee approves the consultant's recommendation, the technical evaluation will be forwarded to an internal review committee.

#### Cost Evaluation and Resident Vendor Preference:

The evaluation committee, with assistance from Buck Consultants, will review the cost proposals, assign appropriate points and make a final consensus recommendation. The committee will make the determination of the Resident Vendor Preference, if applicable. Resident Vendor Preference provides an opportunity for qualifying vendors to request at the time of bid preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the West Virginia Code. A certificate of application, which can be found at http://www.state.wv.us/admin/purchase/VRC/Venpref.pdf, is used to request this preference. A West Virginia vendor may be eligible for two 2.5% preferences in the evaluation process.

## Contract Approval and Award:

After the cost proposals have been opened, the evaluation committee completes its review and prepares the final evaluation making its recommendation for contract award based on the highest scoring vendor. The final evaluation must be reviewed and approved by the internal review committee. The Director has the right to negotiate the final contract rates and services.

## **Rejection of Proposals**

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Buck Consultants and the PEIA will select the best value solution according to the evaluation criteria. However, the PEIA reserves the right to accept or reject any or all proposals, in part or in whole at its discretion. The PEIA reserves the right to withdraw this RFP at any time and for any reason. Submission of, or receipt of proposals by Buck Consultants and the PEIA confers no rights upon the bidder nor obligates the PEIA in any manner.

A contract based on this RFP and the Vendor's proposal, may or may not be awarded. Any contract resulting in an award from this RFP is not valid until properly approved and executed and approved as to form by the PEIA.

# **Incurring Costs**

The PEIA and any of its employees or officers shall not be held liable for any expenses incurred by any bidder responding to this RFP for expenses to prepare, deliver the proposal, or to attend any mandatory prebid meeting or oral presentations.

## Addenda

If it becomes necessary to revise any part of this RFP, an official written addendum will be issued to all bidders of record.

## **Price Quotations**

The price(s) quoted in the bidder's proposal will not be subject to any increase and will be considered firm for the life of the contract unless specific provisions have been provided for adjustment in the original contract.

## **Public Record**

Written Release of Information:

All public information may be released with or without a Freedom of Information request, however, only a written request will be acted upon with duplications fees paid in advance. Duplication fees shall apply to all requests for copies of any document. Currently the fees are \$0.50/page, or a minimum of \$10.00 per request which ever is greater.

#### Risk of Disclosure:

ALL DOCUMENTS IN THIS RFP PROCESS ARE SUBJECT TO WEST VIRGINIA'S FREEDOM OF INFORMATION ACT (FOIA) AND MAY BE DISCLOSED UPON REQUEST. The Bidder must clearly identify which data are considered proprietary. If PEIA receives a FOIA request for data, labeled by the Bidder as proprietary, PEIA will notify the Bidder, in writing, of the request to allow the Bidder time to obtain the appropriate court order to prevent the release of the information. Otherwise, PEIA will be compelled by state law to release such information.

# Schedule of Events

The following schedule of events will govern the procurement:

RFPs mailed to prospective bidders	April 15, 2008
Mandatory bidders' conference in Charleston, West Virginia	
Written Notification of Intent to Bid	April 29, 2008
Deadline for prospective bidders to submit questions	May 5, 2008
Answered questions to prospective bidders	May 12, 2008
Receipt of completed Appendices, online and hard copy proposals	May 23, 2008
Notification of finalists	Week of June 23, 2008
Interviews with finalists in Charleston, West Virginia	
Site visits	Week of July 14, 2008
Anticipated award of contract	August 1, 2008

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## **Mandatory Prebid Conference**

A mandatory prebid conference shall be conducted on April 28, 2008 from 2:30 - 4:30 p.m. Said conference will be held at State Capitol Complex, Building 5, Room 122, 1900 Kanawha Boulevard, E., Charleston, WV 25305-0710. All interested bidders are required to be present at this meeting. Failure to attend the mandatory prebid conference shall automatically result in disqualification. No one person can represent more than one vendor.

## No Debt Affidavit

All bidders must submit an affidavit regarding any debt owed to the state. The affidavit must be signed and submitted prior to award.

#### Location

Agency is located at: **State Capitol Complex** Building 5, Room 1001 1900 Kanawha Boulevard, E Charleston, WV 25305-0710

# **Background**

The Public Employees Insurance Agency (PEIA) is the agency of the State of West Virginia which administers benefits for approximately 180,000 active State and local public employees and eligible dependents, retired employees and eligible dependents, surviving dependents, and COBRA participants. These individuals are covered by the PEIA health plan, CHIP, or AccessWV plan.

The total annual PEIA health premiums/capitations are approximately \$447 million.

A comprehensive self-insured Preferred Provider Benefit (PPB) plan is offered to all eligible participants statewide and is administered by a TPA. PEIA also offers managed care plan options statewide, and PEIA currently contracts with two (2) managed care organizations offering four (4) plan options. At present, 9,000 policyholders are enrolled in managed care plans; and 75,000 are enrolled in the PPB Plan.

In the PEIA PPB plan, participants are responsible for cost sharing in the form of an annual medical deductible, coinsurance, and copayments; they also pay a separate prescription drug deductible and copayments. Amounts paid by the individual in the prescription program do not apply to the maximum annual medical out-of-pocket amount. The prescription drug program is administered by a separate vendor. The PEIA benefit plan also includes a lifetime maximum medical benefit provision, which also excludes drug costs.

Participants in the PPB Plan may use any provider in West Virginia that they choose; they are not required to use a select group of providers, nor must they go through primary care providers to gain access to more specialized providers. By law, all providers in West Virginia who treat PEIA insureds must accept assignment of benefits, and cannot bill PEIA patients for any amount by which their charges exceed the maximum fees established by PEIA for each service.

The PPB Plan currently has out-of-state provider networks that consist of: Medical Mutual of Ohio SuperMed Plus Network (Ohio only), the OneNet Network (Maryland, Washington D.C., and North Carolina only), and Beech Street (all other states). These PPO networks are available to all PEIA PPB members who reside more than one county outside the State. Members who reside in a county that borders West Virginia may also utilize PPO providers in counties that border West Virginia. Otherwise, services are considered out-of-network and result in higher out-of-pocket expenses for the member.

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The West Virginia Children's Health Insurance Program (CHIP) is a low cost health care plan for children and teenagers of working families. CHIP provides a full range of medical, pharmacy, mental health, vision, and dental services. As a state and federally funded program, it must meet federal requirements found at 42 Code of Federal Regulations, Part 457.

AccessWV is a health plan created by West Virginia statute to provide health insurance to West Virginians who have been unable to find or who have been denied health insurance in the private market because of a medical condition.

PEIA employs a variety of techniques that are characteristic of managed care programs:

- -utilization review, consisting of precertification of specified inpatient admissions and certain outpatient procedures, and case management for high cost patients;
- -a provider fee schedule reflecting a resource-based, relative value scale (RBRVS) system which represents a discount from most providers' usual charges and which, as noted above, is backed by a statute prohibiting in-state providers from billing PEIA beneficiaries for charges other than applicable copayments, coinsurance, deductibles and for non-covered services;
- -an outpatient prescription drug plan that utilizes a national network of participating pharmacies throughout the state which have agreed to discount prices, and which submit claims electronically to a separate pharmacy benefit manager (PBM);
- -a contracted network of hospitals and surgeons, both inside and outside the state, that perform organ transplant services for pre-negotiated prices;
- -a prospective payment system (PPS) for inpatient hospital reimbursement; and
- -a prospective payment system (PPS) for outpatient hospital reimbursement.

Premiums, or cost-sharing mechanisms are set annually by the PEIA Finance Board, as recommended by the plan's actuary, based upon anticipated utilization and participation.

State, higher education, and public school employees participating in PEIA may pay health and life premiums on a pretax basis via an IRS-approved plan.

Most employers may elect to participate in the Mountaineer Flexible Benefits Plan which offers optional coverage for vision, dental, short- and longterm disability, and medical and dependent care spending accounts, as well as post-tax legal and life insurance plans. These optional benefits are wholly funded by participating employees and are administered by a separate third party. Premiums for some of these optional benefits can be paid on a pre-tax basis via a Section 125 Plan.

Open enrollment is held each Spring for plan selection. The fiscal year under which the State allocates funding is July 1 through June 30; this is also the PEIA benefit plan year. The PEIA reserves the right to implement any changes affecting benefits and premium contribution within the plan, as deemed appropriate, or as mandated by legislative action.

## **General Requirements**

PEIA is seeking a qualified vendor(s) to provide a full range of medical claims processing, customer service, medical management, utilization review, case management, subrogation services, and communications.

This RFP defines current and anticipated PEIA requirements for medical claims processing services, medical management, utilization management services, data analysis, subrogation services, and communications. Bidders may offer PEIA and its participants an integrated medical claims/utilization management system with subrogation services included or may instead offer one or more of the requested services (medical claims eRFP: WV PEIA Medical - Final Page 7 of 58

administration, medical management, utilization management, and subrogation).

Proposers will be evaluated based upon their responses to the criteria stated in this RFP, any oral presentations, reference checks, and site visits.

## **Required Services**

Claims Processing and Customer Service Administration

The following services are to be provided for PEIA, CHIP, and AccessWV:

- a. Process all medical claims promptly and accurately;
- b.Provide customer service to all PPB plan members and providers;
- c.Identify and report trends in health care spending;
- d. Analyze claims data to identify potential areas of abuse or cost savings;
- e.Participate in workshops for providers to answer questions related to claims processing and utilization management procedures\*;
- f.Provide a customer service presence at various PEIA-sponsored events;
- g.Attend PEIA, CHIP, and AccessWV Finance Board meetings and report as requested on the current status on medical claims payments;
- h. Evaluate efficacy of cost-saving measures and make recommendations regarding these;
- i. Audit provider charges/claims for potential abuse, over utilization, etc.;
- j.Data analysis;
- k.Provide monthly/quarterly data to the data warehouse vendor and actuarial vendor;
- 1. Provide monthly report package to PEIA and its actuary;
- m. Provide a comment on the EOB which gives members notice of the customer service number to call to report fraud; and
- n.Attend weekly TPA and eligibility meetings.

Care Management Services

The following services are to be provided for PEIA, CHIP, and AccessWV:

- a.Perform utilization management functions to assure medical necessity and appropriateness of covered services;
- b.Manage individual cases to provide high quality cost-effective services to patients with serious or chronic medical conditions;
- c.Identify and report trends in health care spending;
- d.Analyze claims data to identify potential areas of abuse or cost savings;
- e.Participate in workshops for providers;
- f.Attend PEIA Finance Board meetings and report as requested on the current status on medical claims payments;
- g. Evaluate efficacy of cost-saving measures and make recommendations regarding these;
- h. Provide monthly report package to PEIA and its actuary;
- i.Provide medical opinions/recommendations regarding PPB appeals, managed care appeals and review applications for handicapped/disabled dependents; and
- j. Attend weekly TPA meetings.

**Subrogation Services** 

The following services are to be provided:

- a. Pursue subrogation to limit PEIA's and AccessWV's financial liability; and
- b.Provide reports for investigation of potential subrogation cases and communicate with members regarding such cases.

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\*Workshops are held annually for professional and facility providers. They are generally held in Beckley, Bluefield, Charleston, Flatwoods, Huntington, Morgantown, and Wheeling.

## **Special Terms and Conditions**

Performance Bond

The Performance Bond of \$5 million will be in place for a period sufficient to successfully implement the new contract and must stay in effect until PEIA agrees that a successful implementation did occur and releases the bond.

## **Insurance Requirements**

The TPA must have and maintain minimum insurance coverage of \$5 million per occurrence comprehensive general liability insurance with coverage to include the following:

- · Errors and Omissions liability;
- · Medical malpractice;
- · General liability; and
- · Liability for errors and omissions for directors and officers.

If you are proposing subrogation only, \$1 million will be required.

#### License Requirements

The TPA must be licensed to provide proposed services within the state. Such license must be in effect on or before February 1, 2009.

## Litigation Bond

Each bidder responding to this request for proposal is REQUIRED to submit a litigation bond. The amount should be the lesser of \$1 million or 10% of the annual contract amount bid by the proposer made payable to the PEIA. This bond must be issued by a surety company licensed to do business in the State of West Virginia with the West Virginia Insurance Commission, on a form acceptable to the PEIA. The only acceptable alternate forms of the bond are (1) a company certified check (not an individual) and (2) a cashier's check.

The purpose of the litigation bond is to discourage unwarranted or frivolous lawsuits pertaining to the award of a contract from this request for proposal. Secondly, the bond provides a mechanism for the PEIA, its officers, employees, or agents thereof to recover damages, including (but not limited to) attorney fees, loss of revenue, loss of grants or portions thereof, penalties imposed by the federal government, and travel expenses which may result from any such litigation. A claim against the bond will be made if the vendor contests the award in a court of competent jurisdiction and the grounds are found to be unwarranted or frivolous based on the facts of the award or applicable law as determined by the court.

The bond must remain in effect for two years from the proposal submission date. After six (6) months, each vendor may request, and the PEIA anticipates granting, a release (signed and notarized in a form that is acceptable to the PEIA) prior to the release of the bond which states that the vendor will not sue.

FAILURE TO SUBMIT AN APPROPRIATE BOND WITH THE PROPOSAL AT THE TIME OF THE BID OPENING WILL RESULT IN AUTOMATIC DISQUALIFICATION OF THE VENDOR'S PROPOSAL AND THE PROPOSAL WILL BE CONSIDERED NON-RESPONSIVE.

## **Mandatory Terms and Conditions**

By signing and submitting its proposal, the successful Vendor agrees to be bound by all the terms contained in this RFP.

#### **Contract Provisions:**

After the successful Vendor is selected, a formal contract document will be executed between the PEIA and the Vendor. In addition, the RFP and the

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Vendor's response will be included as part of the contract by reference. The order of precedence is the contract, the RFP, and the Vendor's proposal in response to the RFP.

#### Term of Contract & Renewals:

This contract will be effective July 1, 2009 and shall extend for the period of five (5) years, at which time the contract may, upon mutual consent, be renewed. Such renewals are for a period of up to one (1) year, with a maximum of two (2) one year renewals, or until such reasonable time thereafter as is necessary to obtain a new contract. The "reasonable time" period shall not exceed twelve (12) months. During the "reasonable time" period Vendor may terminate the contract for any reason upon giving the Agency ninety (90) days written notice. Notice by Vendor of intent to terminate will not relieve Vendor of the obligation to continue to provide services pursuant to the terms of the contract.

Any change in Federal and/or state law, or court actions which constitute binding precedent in West Virginia, and which significantly alters the Vendor's required activities or any change in the availability of funds, shall be viewed as binding and shall warrant good faith renegotiation of the compensation paid to the Vendor by the Agency and of such other provisions of the contract that are affected. If such recognition proves unsuccessful, the contract may be terminated by the PEIA upon written notice to the Vendor at least thirty (30) days prior to termination of this contract.

## Legal issues:

The TPA must meet all requirements imposed by the state of West Virginia and any other local laws, rules, and regulations, including not having a delinquent tax liability of any nature with the state of West Virginia.

#### **Relevant State Statutes**

The following state statutes can be found at http://www.legis.state.wv.us/WVCODE/Code.cfm:

- Chapter 5, Article 16 (West Virginia Public Employees Insurance Agency Act)
- Chapter 5, Article 16B (West Virginia Children's Health Insurance Program)
- Chapter 33, Article 48 (Model Health Plan for Uninsurable Individuals Act)
- Chapter 16, Article 29D-3 (Prohibition on Balance Billing)
- Chapter 47, Article 18 (Antitrust Act)

The TPA must be licensed to provide proposed services within the state. Such license must be in effect on or before February 1, 2009.

The TPA must provide a SAS 70 Type II audit report annually by August 30 (not required if proposing subrogation services only).

## Claim Payment Process:

The administrator will submit a weekly claim file to PEIA for payment by the WV State Auditor and Treasurer. The administrator will be capable of providing the State with a file for both electronic funds transfer and state warrants (checks). The file must be provided in the format prescribed by the State. The administrator must provide the file via PEIA's secure File Transfer Protocol site, and will be required to promote utilization of EFT payments. The administrator will also be required to provide the electronic remittance advice in compliance with HIPAA file set 837. Remittances are generated by the TPA and matched with checks for mailing.

#### **Mandatory Requirements**

The following requirements must be met by the proposer to be considered. Failure to meet these requirements will result in disqualification. You must include a signed affadavit with your hard copy of the proposal restating and affirming these requirements:

3.5. Vendor affirms that it, its officers or members or employees, presently have no interest and shall not acquire any interest, direct or indirect, which would conflict or compromise in any manner or degree with the performance or its services hereunder. The Vendor further covenants

	that in the performance of the contract, the Vendor shall periodically inquire of its officers, members and employees concerning such interests. Any such interests discovered shall be promptly presented in detail to the Agency.			
	○ Agree			
	O Disagree	Explain		
3.6.	regularly employed as its ma fee, commission, percentage,	rketing agent to solicit or secure the con , brokerage fee, gifts or any other conside arranty, the PEIA shall have the right to a	her than a bona fide employee working solely for the vendo cract and that it has not paid or agreed to pay any company cration contingent upon or resulting from the award of the cannul this contract without liability at its discretion or to pu	or person any contract. For
	○ Agree			
	<ul><li>Disagree</li></ul>	Explain		
3.7.	any person for purposes of ir officer or employee of Congre of any Federal grant, the mal renewal, amendment or mod appropriated funds have bee agency, a Member of Congre- contract, grant, loan or coope that this language of certifica and contracts under grants, l	affluencing or attempting to influence and ess, or an employee of a Member of Congaing of any Federal loan, the entering intilification of any Federal contract, grant, In paid or will be paid to any person for its, an officer or employee of Congress or erative agreement, the Vendor shall compaint to shall be included in the award docupoans, and cooperative agreements, and to	or will be paid, by or on behalf of the company or an emplorificer or employee of any Federal entity, a Member of Congress in connection with the awarding of any Federal control of any cooperative agreement, and the extension, continuous or cooperative agreement. If any funds other than federal employee of a Member of Congress in connection with plete and submit a disclosure form to report the lobbying. The ments for all sub-awards at all tiers, including subcontract that all sub-recipients shall certify and disclose accordingly was placed when the contract was made and entered into.	gress, an act, the making nation, erally e or any this Federal Vendor agrees s, sub-grants,
	○ Agree			
	<ul><li>Disagree</li></ul>	Explain		
3.8.	employee relationship is con the acts and omissions of its individuals employed pursua vendor, shall be deemed to b employees and contractors for insurance premiums, contrib Compensation and Social Sec all of the foregoing. Vendor's limited to the foregoing paym not assign, convey, transfer of	templated or created by the parties to the employees and agents. Vendor shall be result to the terms of this RFP and resulting e employees of the PEIA for any purpose or all wages and salaries, taxes, withhold outions to insurance and pension or othe curity obligations, and licensing fees, etchall hold harmless PEIA, and shall provinents, withholdings, contributions, taxes	ndent contractor and no principal-agent relationship or ems contract. The Vendor as an independent contractor is solesponsible for selecting, supervising and compensating any contract. Neither the Vendor, nor any employees or contracts whatsoever. Vendor shall be exclusively responsible for paragraph graph and the filing of all necessary documents, forms and returned the PEIA with a defense against any and all claims include, social security taxes and employer income tax returns. The obligations under this contract to any person, corporation of the property of the person of the perso	lely liable for y and all actors of the payment of liability o, Workers' ens pertinent to iding but not ne Vendor shall

	○ Agree		
	O Disagree	Explain	
3.9.	services rendered by any subcontractor, p performance of the contract; (2) Any clain employees, or subcontractors by the publi	erson or firm performing or supplying on ns or losses resulting to any person or e acation, translation, reproduction, delive by the contract, or by Federal or state states	, and employees from and against (1) Any claims or losses for services, materials or supplies in connection with the entity injured or damaged by the Vendor, its officers, ery, performance, use or disposition of an data used under atutes of regulations; (3) Any failure of the Vendor, its g but not limited to labor or wage laws.
	○ Agree		
	O Disagree	Explain	
3.10.	This contract shall be governed by the law and all other applicable laws and regulation		ndor further agrees to comply with the Civil Rights Act of 1964 nt.
	O Agree		
	<ul><li>Disagree</li></ul>	Explain	
3.11.	regulations, and ordinances of any regulat this contract and the transactions contem	tions body. The Vendor shall pay an app plated thereby. Any other taxes levied to be borne by the contractor. It is clearly t	oplicable laws, Federal, Sate or municipal, along with all plicable sales, use or personal property taxes, arising out of upon this contract, the transaction, or the equipment, or understood that the State of West Virginia is exempt from any
	○ Agree		
	O Disagree	Explain	
3.12.	offered and products to be delivered unde regard to all contractual matters. The Ven of work under this contract; however, the	or the terms of this contract. The PEIA was dor may, with the prior written consenvendor is totally responsible for paymes your organization to function as the lie	hall assume prime contractor responsibility for all services will consider the Vendor to be the sole point of contact with t of the PEIA, enter into written subcontracts for performance ent of all subcontractors. If you are submitting a proposal that aison and manager on behalf of the client and to take fulled by each subcontractor organization.
	○ Agree		
	<ul><li>Disagree</li></ul>	Explain	

3.13.	The TPA must be willing to vendors.	o take on contracts with other of PEIA's outsid	e vendors. The TPA will be expected to coordinate with other outside
	<ul><li>Agree</li></ul>		
	<ul><li>Disagree</li></ul>	Explain	
3.14.	fiscal period without furth		nued use of the service covered at the end of the affected current vendor written notice of such non-allocation of funds as soon as gency in the event this provision is exercised.
	<ul><li>Agree</li></ul>		
	<ul><li>Disagree</li></ul>	Explain	
3.15.	make substantial progress performance conditions w contained in the notice, wi immediately. The PEIA wi	s under the terms of this RFP and resulting con which are endangering the contract's continuati ithin the time period contained in the notice, the	ely at any time the Vendor fails to carry out its responsibilities or to tract. The PEIA will provide the Vendor with advance notice of on. If after such notice the Vendor fails to remedy the conditions are PEIA will be obligated to cease and desist any and all work excepted prior to the date of the notice of termination. The contract
	<ul><li>Agree</li></ul>		
	<ul><li>Disagree</li></ul>	Explain	
3.16.	Any change to the contract	t is an agreement between the Vendor and PEI	A.
	<ul><li>Agree</li></ul>		
	<ul><li>Disagree</li></ul>	Explain	
3.17.	terms of the contract. Prog the final contract. Any pro accepted. If progress payn appropriate. Progress repo Payment will be made only	gress payments may be made at the option of the option of the ovision for progress payments must also include the nents are permitted, Vendor is required to identify the option of the PEIA with the incommentation of the PEIA with the incommentation of the PEIA with the incommentation of the period of the peri	on the face of the purchase order labeled "Invoice To" pursuant to the PEIA on the basis of percentage of work completed if so defined in a language for a minimum 10% retainage until the final deliverable is tify points in the work plan at which compensation would be voice detailing progress completed or any deliverables identified. erables as documented in the Vendor's report. Invoices may not be pices prior to receipt of services.
	<ul><li>Agree</li></ul>		
	<ul><li>Disagree</li></ul>	Explain	

3.18.	Vendor agrees that liquidated damages shall be imposed at the rate of \$3,000 per day for failure to provide deliverables, meet milestones identified to keep the project on target, or failure to meet specified deadlines. This clause shall in no way be considered exclusive and shall not limit the PEIA's right to pursue to any other additional remedy to which the PEIA may have legal cause for action including further damages against the Vendor.						
	<ul><li>Agree</li></ul>						
	<ul><li>Disagree</li></ul>	Explain					
3.19.	the completion of another ta card distribution, eligibility should also include overall of	ask by the other party. It is imperative, the system updates, etc.), dependencies, and	erefore, that a formal imple completion dates, to be de mplementation services do	e completion of one task may be dependent or ementation plan, which defines key tasks (ID veloped and agreed to by both parties - and onot apply to ongoing performance. Each			
	<ul><li>Agree</li></ul>						
	<ul><li>Disagree</li></ul>	Explain					
3.20.	maintenance of documentat maintain such records a mir business hours upon writter data maintained by the PEL agrees to maintain confiden claims brought by any party Vendor. The Bidder must ag policies and procedures in p privacy and security of prote privacy or security of inform	A to the extent required for Vendor to cartiality and security of the data made available attributed to actions of breech of confideree to become a business associate of the clace consistent with the Health Insurance ted health information (45 CFR Parts 1 nation. The PEIA HIPAA Business Association/purchase/vrc/WvBaaAgApproved.pdf	to dities rendered under this le all records to PEIA perso seipt of the request. Vendor ry out the duties and responsible and shall indemnify attribution of the Vendor, subsection of PEIA, and sign PEIA's bused Portability and Accountable and 164) and any other atte Addendum (BAA) is avaited.	s contract by Vendor. The Vendor shall onnel at Vendor's location during normal shall have access to private and confidential nsibilities defined in this contract. Vendor and hold harmless the PEIA against any and al contractors or individuals permitted access beiness associate agreement. Vendor must have bility Act of 1996 (HIPAA) standards for applicable state or Federal law related to the ailable online at			
	<ul><li>Disagree</li></ul>	Explain					
3.21.	Vendor must have 5 years of	f experience in third party administration	services or the services it i	s proposing.			
	<ul><li>Agree</li></ul>						
	<ul><li>Disagree</li></ul>	Explain					
3.22.	coverage to include the follo		lical malpractice; general li	nprehensive general liability insurance with iability; and liability for errors and omissions			

	○ Agree		
	<ul><li>Disagree</li></ul>	Explain	
3.23.	The Vendor agrees that the data is owned	by PEIA and at the end of the contract	term the data will be provided to PEIA
J. <b>-</b> J.	Agree	by I har and at the end of the contract	term, the data will be provided to 1222.
	<ul><li>Disagree</li></ul>	Explain	
3.24.	The PEIA has specific file layouts for eligi Appendix N - Data Warehouse File Layou		are shown in Appendix M - Eligibility File Layout and provide data using these formats.
	○ Agree		
	<ul><li>Disagree</li></ul>	Explain	
3.25.	Vendor will provide customer service as v  Agree	well as claims and utilization manageme	ent system access to PEIA and CHIP staff.
	<ul><li>Disagree</li></ul>	Explain	
3.26.	The TPA for claim processing/customer seligibility, do the enrollment and premiur		program. It will mail applications, accept and determine
	○ Agree		
	O Disagree	Explain	
<b>3.2</b> 7.	For CHIP, the TPA must provide daily election on booklets, notices to members on p		ollment file, and be responsible for mailing of member notices.
	○ Agree		
	O Disagree	Explain	
3.28.	Vendor affirms that it is willing to interfalab data, HRA, etc and will utilize this d		ease management (if carved out), subrogation (if carved out) care.
	○ Agree		
	=		

	<ul><li>Disagree</li></ul>	Explain	
3.29.	requires for the ID cards.		Card Requirements contains the information Express Scripts clude the appropriate information for the ID cards, including using ut the unique ID must be in the ID number).
	<ul><li>Agree</li></ul>		
	<ul><li>Disagree</li></ul>	Explain	
3.30.		vill make plan design changes for plan year 2010 (s hat you will work with the PEIA to incorporate the	starting July 1, 2009). These changes will likely be made by the endese changes.
	<ul><li>Agree</li></ul>		
	<ul><li>Disagree</li></ul>	Explain	
3.31.	PEIA has established seve policies.	eral medical policies. Confirm that you will admin	ister these policies whether or not they agree with your current
	<ul><li>Agree</li></ul>		
	<ul><li>Disagree</li></ul>	Explain	
3.32.	The TPA is required to ha	ave a Medical Director.	
	<ul><li>Agree</li></ul>		
	<ul><li>Disagree</li></ul>	Explain	
3.33.	The account manager and	d the Medical Director must be located within 25 r	niles of Charleston.
	<ul><li>Agree</li></ul>		
	<ul><li>Disagree</li></ul>	Explain	
3.34.	Claims processing and cu	stomer service must be located in West Virginia.	
	○ Agree		
	<ul><li>Disagree</li></ul>	Explain	

3⋅35⋅	The selected TPA and UM vendor(s) will be required to attend weekly meetings at the PEIA office in Charleston.			
	○ Agree			
	O Disagree Explair			
3.36.	The subrogation vendor must have attorney(ies) lice	nsed to practice law in the state of West Virginia or access to such attorney(ies).		
	○ Agree			
	O Disagree Explain			
3.37.		rice in the proposal was arrived at independently without collusion, consultation, ng to prices with any competitor unless the proposal is submitted as a joint venture.		
	○ Agree			
	O Disagree Explain			
3.38.	All proposed services must have two levels of appeals	3.		
	○ Agree			
	<ul><li>Disagree Explair</li></ul>			
3.40.	Please attach a document explaining any exceptions	or deviations from the bid instructions.		
	Browse			
3.41.	The following items are necessary to be attached with	n your electronic response, sent via email, and/or included in your hard copy proposal:		
	Vendor Registration and Disclosure Statement	Resident Vendor Preference Certificate		
	No Debt Affadavit	Performance Bond		
	Insurance Requirements	West Virginia License		
	Litigation Bond	Business Associate Agreement		
	Bid Exceptions/Deviations	Appendix E - Geo Access		
	Appendix F - Disruption Analysis	Appendix G - CPT Code Analysis		
	Appendix H - Claims Repricing	Appendix K - Pricing Spreadsheet		

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Appendix L - Signature Page

## **Proposal Format**

- 1. The response forms that are included in this RFP must be completed in the format illustrated for your submission to be considered.
- 2. Your eRFP proposal is due by 4:00 p.m. on May 23, 2008. Save and submit your final eRFP submission within this system. Other than the Appendices that need to be completed, no materials submitted outside of eRFP will be considered this includes via email, fax, or mail.
- 3. Your pricing proposal (Appendix K) and other completed Appendices (E, F, G, H, L) should be submitted via email to diana.bump@buckconsultants.com by 4:00 p.m. on May 23, 2008.
- 4. No marketing materials should be submitted via eRFP or in any other manner. The materials will not be reviewed or considered as part of the selection criteria. Only those attachments which have been specifically requested within the RFP will be reviewed.
- 5. Sign and submit the Resident Vendor Preference Certificate with the proposal.

#### Please note:

- All questions within this RFP that request an attachment will only allow one file to be uploaded. Please identify, combine, and attach all documents as a ZIP file.
- While you are working in the eRFP system, you should hit Save periodically to save your responses. When you are finished with your response, hit the Submit button. Note that you will not be able to change your responses once you hit Submit.

## **Method of Evaluation**

The proposals will be evaluated by Buck Consultants, an independent consulting firm. The Vendor who meets all of the mandatory specifications and attains the highest point score of all vendors shall be awarded the contract. The selection of the successful vendor will be made by a consensus of an evaluation committee made up of at least six individuals with assistance from Buck Consultants.

## **Evaluation Criteria**

The following are the evaluation factors and maximum points possible for technical point scores:

Each cost proposal will be scored by use of the following formula for all Vendors who attained the minimum acceptable score:

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(Lowest price of all proposals/Price of Proposal being evaluated) x 30 = Price Score

Please note: The PEIA may use discretion in modifying the scoring, and the technical score may be revised after oral presentations and site visits.

# **Minimum Acceptable Score**

Vendors must score a minimum of 70% of the total technical points possible. The technical points are listed in the Evaluation Criteria Section. The minimum qualifying score on the technical portion is 49 points. All vendors not attaining the minimum acceptable score (MAS) will be disqualified and removed from further consideration.

The PEIA will select the successful vendor's proposal based on best value purchasing which is not necessarily the vendor with the lowest price. Cost is considered but is not the sole determining factor for award. The PEIA reserves the right to accept or reject any or all proposals, in whole or in part, without prejudice, if to do so is felt to be in its best interests.

Vendor's failure to provide complete and accurate information may be considered grounds for disqualification. The PEIA reserves the right, if necessary, to ask vendors for additional information to clarify their proposals.

# **Protest of Award**

Protests based on the contract award must be submitted in writing to the Director of the West Virginia PEIA within ten (10) working days from the date of the award announcement. Protest should be sent to:

Director

West Virginia Public Employees Insurance Agency 1900 Kanawha Boulevard, East Building 5, Room 1001 Charleston, West Virginia 25305-7850 Telephone: (304) 558-6244, ext. 230

Protests may be submitted by FAX at (304) 558-4969.

All protests shall contain:

- 1.) The name and address of the protesting proposer
- 2.) A statement of the grounds of the protest
- 3.) Supporting documentation (if available)
- 4.) The resolution or relief sought

Failure to submit this information shall be grounds for rejection of the protest by the Director of PEIA.

The PEIA may refuse to review any protests when the matter involved is the subject of litigation before a court of competent jurisdiction; if the merits have previously been decided by a court of competent jurisdiction; or if it has been decided in a previous protest by the Director of PEIA. Subcontractors under a proposer's proposal do not have standing to file a protest.

The Director will respond to the protest within five (5) days of receipt of the written notice at the offices of the PEIA.

Proposers in disagreement with the response of the Director may ask for further review of the protest by the Cabinet Secretary of the West Virginia

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Department of Administration within five (5) days of the Director's response. The request for further review should be sent to:

Robert W. Ferguson, Jr., Cabinet Secretary West Virginia Department of Administration State Capitol Complex, Building 1, Room E-119 1900 Kanawha Boulevard, East Charleston, WV 25305

Appeals may be submitted by FAX at (304) 558-2999.

# **Cost Proposal Format**

The cost proposal spreadsheet should be completed using the instructions provided with it.

# **Plan Designs**

The current plan designs for each of these groups can be found online:

- > The PEIA PPB information and Medicare benefits retiree booklet\* are at http://www.wypeia.com
- > The AccessWV information is at http://www.wvinsurance.gov/accesswv/
- > The CHIP information is at http://www.wvchip.org/materials.shtml

#### Contributions

Current employee contributions can be found in the 2009 Shopper's Guide at the PEIA website, http://www.wvpeia.com.

# **List of Appendices**

Following is the list of appendices\* to this RFP:

- > Appendix A Claims and Eligibility Summary
- > Appendix B High Cost Claimants
- > Appendix C Census Data
- > Appendix D Census Data Notes
- > Appendix E Geo Access
- > Appendix F Disruption Analysis
- > Appendix G CPT Code Analysis
- > Appendix H Claims Repricing
- > Appendix I Claims Repricing Notes
- > Appenidx J Performance Guarantees
- > Appendix K Pricing Spreadsheet
- > Appendix L Signature Page
- > Appendix M Eligibility File Layout
- > Appendix N Data Warehouse File Layout
- > Appendix O ID Card Requirements
- > Appendix P Retiree Letter Re Plan Designs Changes

<sup>\*</sup> Appendix P - Retiree Letter Re Plan Design Changes shows the differences between the 2008 (current year) and 2009 benefits.

* The	appendices can be found on the CD which will be sent via mail.
5.4.	Please indicate the services for which you are submitting a bid:
	<ul> <li>Case Management and Utilization Management, includes current programs - Weight Management, Face-to-Face Diabetes, and Renal Disease Management</li> </ul>
	Disease Management and Lifestyle Management
	Subrogation
	Predictive Modeling and Reporting
	Communications
6.1.	What is your firm's legal name and address?
6.2.	Provide a brief summary of the history, structure and ownership of your company. Include your company's current ownership structure and describe any parent/subsidiary relationship.
6.3.	Please provide the address of the office that would service the Client.
6.4.	Do you plan to subcontract any part of your proposed services or products for the Client? If so, please explain and provide the information requested in the three questions above for each subcontracted entity as part of your response to this question.
	Provide the name, title/responsibility, telephone number, email address and fax number for each of the following individuals who would have esponsibility for the Client's account:

	Name	Title/Responsibility	Telephone Number	Email Address	Fax Number
Account Executive					
Account Manager (Day- to-Day Client Liaison)					
Implementation Coordinator					

	Liaison)					
	Implementation Coordinator					
6.6.	organization. I	require a dedicated account ma Please confirm you are prepared No		ountable for over	rsight of all services provided by	y your
6.7.	demutualization staff reduction	e any changes in the organization, addition/deletion of claim ones) that have occurred in your ones to occur in the next 24 months	ffices, addition/removal of proc rganization over the last twelve	luct lines, and		
6.8.	What is the ler	ngth of time you have been in th	e business of administering the	e services for which	ch you are proposing?	
6.9.		clients do you currently admin at is your average client size?	ister each of the services you ar	e proposing to	1	
6.10	. If you are awar	rded this contract, what percent	tage of your total book of busine	ess would the clie	ent represent?	

**6.11.** Please provide references of three current clients of similar size for the same product(s).

	Company Name	Contact Name	Contact Title	e-Mail Address	Telephone #
Reference # 1:					
Reference # 2:					
Reference # 3:					

**6.12.** Please provide references for your three most recent former clients of similar size for the same product(s).

	Company Name	Contact Name	Contact Title	e-Mail Address	Telephone #
Reference # 1:					
Reference # 2:					
Reference # 3:					

6.13.	Please attach a copy	of you	r firm's	s most recent	t audited	financial	statement.
-------	----------------------	--------	----------	---------------	-----------	-----------	------------

Browse...

Summarize legal action(s) taken against your company, and/or your sub-contractors, in the past three (3) years, including the number of suits, causes of action, and amount of any monetary settlement or judgment. Please include any pending actions.

Do all electronic transactions use the standard HIPAA formats?

Do you have privacy and security programs in place as required by HIPAA?

The Client will require information sharing by and among its administrative vendors for the purpose of comprehensive program management on behalf of its participants. Will you agree to share information with other Client vendors? Please explain any contingencies or limitations.

6.18.	Please provide a high-level implementation work plan with target dates. The plan should be prepared with the assumption that you are awarded all of the services on which you are proposing for the Client; however, please specifically note any timeline impact if you are not awarded a service component.
	Browse
Medica	Il Introduction
Please	respond to the following questions as they pertain to the specific office(s) that would be administering the PEIA account.
6.19.	How many total staff do you currently employ?
6.20.	Do you anticipate the need to hire additional staff to accommodate the client's account?
	○ Yes ○ No
6.21.	Will you assign dedicated management staff to the client's account? If no, for how many additional accounts will the management staff be responsible?
6.22.	Will you assign dedicated non-management staff to the client's account? If no, for how many additional accounts will the non-management staff be responsible?
6.23.	Please provide an organizational chart that includes all staff positions (management and non-management) that will be directly responsible for the client's account.  Browse
6.24.	Is claim processing and customer service handled by the same or different staff members?
6.25.	How many total staff, management and non-management, will you initially assign to service the Client's account?

representatives.

		Management	Non-management				
	Claims Processors						
	Customer Service Representatives						
	Specialized Staff						
	Number						
	Definition						
<ul><li>6.26.</li><li>6.27.</li></ul>	would be assigned to this account.						
6.28.	Do you offshore a If so, please expla	any aspect of claim processing, customer ser ain.	vice, or utilization management?				
6.29.	What are the edu	cation and experience qualifications necessa	ary to be hired as a claims processor with you	ır company?			

**6.30.** Briefly describe the training program for your claim processors and customer service

5.31.	Briefly describe your promotion process for non-management staff and for management staff. Specifically include the type of criteria used to evaluate an individual for promotion.
<b>5.32.</b>	Will you be willing to assign one individual who will have the responsibility to respond to claim adjudication questions from the client's
<u>.</u> .	management?  Yes No
5.33.	Do you employ a legal staff for review and recommendation of legal and legislative issues? If not, who provides your legal opinions?
<b>6.34.</b>	If you are awarded the business, will you provide the client with resumes of all management level staff that will have responsibility for this account?
	○ Yes ○ No
<b>5.35</b> .	It is the client's desire that the TPA be proactive in keeping it aware of specific trends emerging locally and nationally. Discuss processes your company has in place to identify and communicate these trends to the client.
6.36.	Describe your company's policies and procedures to identify inappropriate billing practices, such as upcoding and unbundling.
5.37.	Describe your claim appellate process.

6.38.	Describe your standard internal claim audit procedures.
6.39.	Has your organization been audited by an outside firm in the past calendar year?
6.40.	Please provide a copy of your most recent audit report.  Browse
6.41.	What percentage of all claim submissions is via EDI?
6.42.	What percentage of EDI claims is autoadjudicated by your system without requiring review/release by a claims processor?

**6.43.** Referring to the Appendix J - Performance Guarantees, please confirm that you agree to the fees at risk. In addition, please indicate if you would like to put additional fees at risk and note those in the Bid Exceptions and Deviations document.

Measurement	easurement Standard		
Financially Correct Claims Percentage (Q1)	98%		
Financial Accuracy Percent (Q2)	At least 98.5%		
Percent of Claims Finalized in 12 Business Days (T1)	At least 92%		
Telephone Calls Abandonment Percentage (A1)	2% or less		
Average Speed of Answer in Seconds (S1)	30 seconds or fewer		
Blockage Percentage (B1)	1% or less		
Additional fees at risk?	Please specify		

6.44. The client requires an annual SAS 70 Type II audit report. Please provide a copy of your most recent SAS 70 report. Note: If you are proposing

only subrogation services, a SAS 70 is not required.

		Browse							
6.45.	Please complete the f	collowing table wi	ith the length of t	ime that clai	ims history is	s maintaine	d as it perta	ains to each o	criteria.
	How	long is claims hi maintained:	istory						
	In your system?								
	In hard copy?								
	For terminated employees within your system?								
6.46.	Please provide a sam	ple Explanation of Browse	of Benefits.						
6.47.	Can your EOB be mo	dified (customize	ed) for this accoun	nt? OYe	es O No				
6.48.	What are the hours o	f operation of the	e claims office tha	t would han	ndle this acco	unt?			
6.49.	What are the hours o	f operation of the	e customer service	e center?					
6.50.	How many toll-free to	elephone lines wi	ill be assigned exc	clusively to (	Client?				
6.51.	Will participants be a	ıble to continue t	to call the current	toll-free tele	ephone numl	bers for clai	ms and cus	tomer servic	e?

	○ No	Explain		
ó. <b>52</b> .	How are your claims d	eveloped for missing information?		l
<b>5.53</b> .	What is your process for	or ascertaining the eligibility of over-ag	e disabled dependents?	1
6.54.	What is your process for dependents?	or determining the initial and ongoing o	eligibility of over-age student	
c	Dlagge provide a coutif	ad across of vacuum authorization (license)	to receit a daima administration	n gomioso in Wort Vincinio
5.55.	Please provide a certifi	ed copy of your authorization (license)  Browse	to provide ciaims administration	n services in West Virginia.
<b>6.56.</b>	What type of claims sy	stem do you use to pay claims?		
<b>5.5</b> 7.	Will you provide online	e, read-only system access to the Client	?	
<b>6.58.</b>	How are claims, custon	ner service, case management, and util	ization review systems linked?	
	Same system			
	Integrated, but	different systems		
	Different syste	ems, but accessible to all		
	Not linked			

O Yes

date.

O No

	Some linked						
	Other	Please specify					
6.59.	How does your organizati pursue?	on manage other insurance verification	on for purposes o	f coordination of	f benefits? Pay and	pursue; or, pend ar	ıd
6.60.	What method do you use	to confirm or reconfirm continuation	of other coverage	e? 			
6.61.	How do you calculate savi coverage? With Medicare	ings to the Plan from coordination of coverage?	benefits with com	nmercial			
6.62.	What is your method of m pursue?	nanaging potential third-party liability	y? Pay and pursue	e; or pend and			
6.63.	factor for each hospital ar contain high cost outlier a the high outlier amount (supplied by PEIA) to det	DRG fee schedule based on numerous and every DRG. The fee schedule will be amounts for each hospital and DRG. Fe supplied by PEIA), a fixed percentage ermine the amount to be paid. The Act cospital b. DRG c. Payment Amount dology.	e transmitted to t PEIA expects this will be taken of t Iministrator will l	the Administrato number to be co he difference, ad be provided elect	or via a secure elect mpared to the actu ded to the predete tronic media by the	ronic file transfer. I all cost. If the cost e rmined payment an e PEIA with the follo	t will exceeds nount owing

PEIA will electronically transfer the DRG, RBRVS, OPPS, and other fee schedules to the TPA annually at least 15 days prior to the fee schedules' effective dates. Please describe the process you will implement to ensure the system is efficiently and accurately running by the effective

6.65.	Out-of-pocket limits and deductibles are based on the employee's salary and employment status. This information is transmitted to the TPA by the client via electronic media on a monthly basis. Salary updates occur annually at the beginning of the plan year. Do you currently administer this type of plan?
6.66.	PEIA has developed a payment system for reimbursement of physicians services based on a modified version of the RBRVS. Please confirm that you can administer RBRVS reimbursement which is which is very similar to Medicare's system.
6.67.	Please verify that you can provide administration for Medicare eligible retirees.  Yes  No
6.68.	Please verify that, if necessary, you would be able to begin administration for the entire Medicare-eligible retiree population on short notice (under 60 days).
	○ Yes ○ No
6.69.	Based on your knowledge of the PEIA, please describe any additional services that you feel may be appropriate. In addition to a brief description of each program, please use Appendix K - Pricing Spreadsheet to indicate the pricing terms for each of the services.
6.71.	Describe both the in-state network(s) [if fees are less than the PEIA negotiated fees] and out-of-state network(s) your organization will make available to the client.

6.72. Complete the following chart with the projected discount levels for each of the following types of service for each network you are proposing for the client. For the state of West Virginia, use a statewide average. For Maryland, use the average for Garrett County. For Ohio, use an average of Belmont, Columbiana, Guernsey, Harrison, Jefferson, Lawrence, Monroe, Muskingum, Noble, Trumbull, and Washington Counties. For Pennsylvania, use an average of Allegheny, Beaver, Fayette, Greene, Washington and Westmoreland Counties. For Virginia, use an average of Albemarle, Augusta, Buckingham, Culpepper, Fluvanna, Henrico, Louisa, Nelson, and Orange Counties.

Service	West Virginia	Maryland	Ohio	Pennsylvania	Virginia
Primary Care Physician					
OB/GYN Physician					
Specialty Care Physician					
Diagnostic lab and X-Ray					
Allied Therapies (i.e. physical therapy, chiropractic care, etc.)					
Hospital Inpatient					
Hospital Outpatient					
Surgical/Anesthesiology					
Transplant Services					

6.74.	Are there any participating service providers within your network who are not subject
	discount arrangements? If so, please describe the type of provider and rationale.

6.75.	Please confirm that you are able to administer various provider reimbursement methods, such as capitation, fee-for-service, risk-based, age-
	based, etc.

<u> </u>	O
( ) Yes	$\bigcirc$ No
103	

**6.76.** Confirm the following for the national PPO network(s) you are proposing for the Client:

	Confirmed	
Providers are contractually obligated to write off charges which exceed negotiated allowable amounts and will not balance bill the patient		
All participating providers are subject to a rigorous credentialing process and are periodically monitored to ensure compliance with contractual standards and expectations		
Reasonable advance notice of a provider's termination from the network will be provided to the PEIA and, upon request, to the general population		

**6.77.** PEIA has a sleep solutions program (http://www.wvpeiasleep.com/) currently in place. It has a separate sleep management network, with which the current TPA contracts. In addition to precertification and front end case management, the current vendor also offers a savings guarantee. Please explain the sleep solution program you would put in place for PEIA including your savings guarantee - or indicate that you would agree to take on the contract that is currently in place.

**6.78.** Please refer to page 48 of the plan year 2008 SPD regarding the PEIA Medical Home program. The TPA will be expected to control this provider network by recruiting physicians, and monitoring their performances. Please confirm that you will be able to a. maintain an upto-date online provider directory, b. solicit primary care doctors for PEIA, CHIP, and AccessWV, c. correctly process claim payments based on members' PCP selection, and d. provide outcome reporting to PEIA. Describe outcome reporting you can provide.

6.79.	Please refer to p.49 - 50 of the SPD regarding PEIA's organ transplant benefits. PEIA currently uses a transplant network. Please briefly describe how you would service PEIA's transplant patients or indicate that you would be willing to work with the current vendor. Please note that the two West Virginia transplant facilities - West Virginia University hospitals (bone marrow) and Charleston Area Medical Center (kidney) must be included even if you or your subcontracted vendor do not usually consider them in-network.
6.80.	Please briefly describe the specialty networks you have available that you feel would be appropriate for these populations (i.e. specialty drug, behavioral health, etc.)
6.81.	Does your organization provide COBRA administration services? Yes No
6.82.	What office/location would be responsible for providing COBRA administration?
6.83.	Do you offshore any activity related to COBRA administration? If so, please describe.
6.84.	Please describe the organizational structure of your COBRA administration group. How does it interface with your claim administration services area? With external claim administration vendors?
6.85.	By what methods do you receive COBRA eligibility from a client?

**6.86.** If you receive eligibility information in multiple formats from a client, e.g. electronic feeds, manual / hard-copy forms, direct system access, how do you reconcile the data to ensure that all eligibles are notified without duplication? **6.87.** How do you transmit COBRA election information to the client? To external vendors? **6.88.** How do you notify other plans (such as PEIA's contracted HMO plans) regarding termination dates and reinstatements? **6.89.** What method(s) do you use to provide COBRA notices to eligible participants?

**6.91.** How do you track second qualifying events?

**6.90.** In the case of dependent eligibles, to whom is the notice provided?

**6.92.** Please describe your premium collection/remittance services. Are these services performed at the same or different location as other administrative services?

5.93.	What is your preferred method of billing the client?			
5.94.	How is your billing reconciled to COBRA elections?			
<b>5.95</b> .	What type of activity reports are provided to the Client?			
<b>5.96.</b>	Please provide sample COBRA participant communications for all types of events, including: initial election, termination, insufficing payment, ineligibility for COBRA, second event qualification, etc.  Browse			
<b>6.9</b> 7.	Do you perform open enrollment services for COBRA participants? If so, please provide a brief summary of all open enrollment services that are available to the client.			
<b>5.98.</b>	Do you distribute Summary Plan Descriptions to COBRA participants who may have elected a different plan of coverage during open enrollment?			
	○ Yes ○ No			
ó.99.	Please provide a brief summary of your process to ensure that your organization and your staff are in compliance with COBRA regulations.			
£ 100	Please in directs that you will provide COPPA administration for			

	PEIA PPB				
	☐ HMO				
	Medicare				
	Other	Explain			
ó.101.	Please confirm that a coordinating with the	the COBRA vendor, you will accept full administrative responsibility for all COBRA groups including managed care and BM.			
	O Yes				
	O No	Explain			
7.1.		ices you are currently capable of providing:			
	Prior authori				
		current review			
	Discharge pl	_			
	Complex cas				
		e management			
	Health promotion/Lifestyle Management				
	Behavioral h				
	Other	Define			
7.2.	Do you have experien	e providing these services for government clients similar to WV PEIA?			
7.3.	Do you propose to utilize any partnerships or affiliations with other organizations to provide a comprehensive approach to caring for members? If yes, briefly describe the nature and advantages of these partnerships.				

7-4 Provide a description of your organization's Utilization Management (UM) program,

outlining the program scope, structure, accountability, processes and information sources used to make determinations of benefit coverage and medical necessity, accreditations.

- **7.5.** Broadly describe the role of both clinical and non-clinical staff operating within the UM program.
- **7.6.** Describe the minimum credentials required for clinical and non-clinical UM staff.
- **7.7.** Please provide the total number of full time employees in your utilization management programs.

Туре	Number
Physicians	
Registered Nurses	
Licensed professionals (other than RNs and MDs)	
Non-licensed support staff	-

- **7.8.** What is the ratio of total members to utilization management staff?
- 7.9. Does your organization perform 100% clinical reviews for inpatient care? Yes No
- **7.10.** If your organization does not perform 100% clinical reviews for inpatient care, which of the following is used to determine if a clinical review by a nurse is required?

Diagnosis

	Procedure			
	Length of ir	npatient stay		
	Readmissio	n for the same/sim	ilar diagnosis	
	Multiple ad	missions over a de	signated time	
	Targeted fac	cilities		
	Nursing jud	gment		
	Other	$S_{j}$	pecify	
<b>7.11.</b>	What percentage of	reviews is performed t	telephonically?	<del>-</del>
7.12.	What percentage of	reviews is performed l	by onsite review staff?	
7 <b>.13</b> .	What clinical criter	ia are used to determin	ne medical necessity of proposed care?	
	Milliman C	are Guidelines		
	InterQual			
	Optimed			
	Proprietary			
	Other	Specif	бу	
7.14.	What clinical criter inpatient admission	ia are used to determin ns for child populations	ne medical necessity of proposed care specif s.	fic to
7 <b>.15</b> .	Are policies in place management?	e to ensure that UM sta	aff appropriately refer candidates to special	ty programs such as CM, maternity, DM and quality
	O Yes	Explain		
	○ No			

.16.	Does your UM program routi	nely perform telephonic outreach to post-discharged members?
	○Yes ○No	
.17.	Are clinical criteria imbedded	within the care management system to facilitate consistent interpretation and use of criteria by staff members?
	○ Yes ○ No	
.18.	Is a documentation standard	n place for the consistent collection of clinical information?
	○ Yes ○ No	
.19.	Is a policy and procedure in p	ace that requires documentation of discharge planning needs and disposition?
	○ Yes ○ No	
.20.	Provide your fee-for-service b	ook of business utilization statistics for 2007 for the following (Do NOT exclude outliers):
	Measurement	Amount
	Inpatient admissions per 100 members	0
	Inpatient days per 1000 members	
	ER visits per 1000 members	
.21.	During 2007, what percentag	e of all acute inpatient days was denied due to lack of medical necessity?
.22.	Are your utilization and/or cl	nical review staff involved in appellate reviews? Please describe.

7 <b>.2</b> 4.	What percen	ntage of inpatient admissions was referred for Medical Director determination or clinical consultation in 2007?
7.25.	Are Medical	Director referrals and determinations documented in the Care Management system?
	Yes	○ No
7 <b>.26.</b>	At what leve	l (RN, MD, etc.) is a service/admission denied?
7 <b>.2</b> 7.	A written ap	peal process exists for providers and members who wish to challenge an adverse utilization management determination.
	O Yes	○ No
7 <b>.28.</b>	For denials,	the organization informs both members and providers of appeal rights and the appeal process.
	Yes	○ No
7.29.	Does the org	ganization offer peer to peer discussion prior to an initial denial of services?
	Yes	○ No
7.30.	There is an e	expedited appeal process of 72 hours or fewer for situations where the normal appeal timeline could jeopardize a patient's health.
	Yes	○ No
7 <b>.3</b> 1.	Appeals are	specialty-matched upon provider / member request.
7 <b>.32.</b>	Do vou have	a specialty consultation network?
7 <b>.33.</b>	•	aff have access to the claims payment system to review claims status and utilization?
/ <b>·</b> ວ ວ •	Yes	No
	<u> </u>	

<b>7.34.</b>	Please refer to the PEIA SPD p. 39-40 to see the list of services with mandatory
	precertification/notification requirements. Briefly describe your process for handling this
	requirement, including: intake method, eligibility and benefits verification, system tracking
	and notification to claim processing staff, communication to patients and providers, etc. Does
	the process differ for emergency, urgent care vs. elective procedures? Please also indicate if
	there are other services for which you recommend precertification.

How are the acute care services (utilization management and catastrophic case management) coordinated with chronic care disease management programs?

**7.36.** Do you provide retrospective medical necessity reviews of claim submissions? If so, what process is used to identify these cases for referral by the claim processing staff?

How are the results of clinical reviews transmitted to the claim processing staff?

Do you currently have any contractual agreement with providers in West Virginia or surrounding states? If so, explain the nature of the contracts and your credentialing process for this network of providers.

7.39. Describe how candidates for case management are identified. List standard clinical triggers, events and referral sources. Be sure to address any measures used to ensure that complex cases exceeding an expenditure threshold (e.g., \$50,000) are automatically subjected to case management. Also, be sure to address how high cost ambulatory cases are identified and referred (in the absence of a hospitalization). If predictive modeling is used, please describe

	this technology and how it is incorporated into member identification.
7.40.	Describe the minimum credentials required for CM clinical and non-clinical staff.
7.41.	What percentage of clinical case management staff is certified in case management?
7.42.	What is the average caseload for each case manager?
/• <b></b> •	
	Fewer than 50 cases 51-75 cases  76-100 cases More than 100 cases
	70-100 cases With than 100 cases
7.43.	In 2007, what percentage of your total membership was referred to the case management program?
7.44.	In 2007, of those members who were referred to the case management program, what percentage was actively engaged to participate?
/• <b>-1-1</b> •	2007, or insecting the new restriction to the case management program, man percentage has actively engaged to participate.
7-45-	High-cost members are typically targeted for case management services. In what way does your case management program identify and intervene with lower cost, lower risk members?
7.46.	Written protocols are in place that address:
	The timeliness of case management referrals
	The timeliness of case management assessment and outreach
	Development and documentation of short and long term goals

	☐ Minimum intervals for member follow-up and reassessment
	Documentation standards
	Case management discharge criteria
	Referrals to the Medical Director and/or Quality Management program
7-47-	Does your organization have a documented policy stating that CM staff will consider and incorporate community resources and alternative funding sources when appropriate to promote quality of care, quality of life, and cost savings?
	○Yes ○No
7.48.	If a member is actively engaged in case management and is admitted to the hospital, does the case manager continue to monitor the care and provide authorizations for inpatient care?
	○ Yes ○ No
7-49-	Does the case manager perform discharge planning?
7.50.	Standardized assessments are used to promote quality and consistency in assessments and interventions.
	○ Yes ○ No
7.51.	Please attach a copy of your case management trigger list or any documents that describe how members are identified and referred for the case management program.  Browse
<b>7.52.</b>	Do case managers have access to the claims payment and utilization system to view member activity and costs?
	○ Yes ○ No
7.53.	Describe the methodology and policy for calculating case management savings.

7-54-	Please confirm that your utiliz	ation management and case manage	ment programs can be unbundled.
	O Yes		
	O No Exp	ain	
<b>7∙55∙</b>	Specialty case management p	ograms available:	
	Oncology		
	□ NICU		
	Maternity		
	Renal disease		
	Transplant		
	Other	Specify	
_			
7 <b>.56</b> .	Does your system generate au	tomated referrals to case managemen	nt for these specialty programs?
	○ Yes ○ No		
7 <b>·5</b> 7·	Describe the unique credentia	ls for specialty case managers.	
7 <b>.58.</b>	Are specialty case managers r	equired to have a minimum number	of years experience in their specialty?
	O Yes Nu	mber of years	
	O No		
7.59.	Do specialty case managers us	e condition-specific assessment tool	s?
7.60.	Do specialty case managers ha	we additional training regarding the	use of the following?
		Yes	No
	Network Providers		

	Centers of Excellence			
	Negotiated Financial Arrangements			
7.61.	Under what circumstances would meeting with a member and/or pr		t an on-site or face-to-face	
<b>7.62.</b>	Care Management system has cap	ability to communicate electronic	cally with the claims processing a	nd member eligibility systems.
	○ Yes ○ No			
7.63.	Care Management system facilitat	es communication among variou	s program components (UM, CM	, DM, etc.).
	○Yes ○No			
7.64.	The system provides integration of	f criteria and/or algorithms that	support the assessment and mem	ber care management.
	○ Yes ○ No			
7.65.	The system prompts staff for time	ly follow-up as indicated by the p	olan of care. Yes No	
7.66.	The system makes automated refefollowing:	errals to other care management p	programs (CM, maternity, wellne	ss/DM, quality etc.) based on the
	Select diagnoses	Proced	ures	
	Length of stay	Multipl	le admissions	
	Repeat ER utilization	Type of	service - hospice, home infusion	
	The system does not make at	atomatic referrals		
7 <b>.6</b> 7.	Care Management system is capal	ole of generating client-specific re	eports that include:	

	Participation levels
	☐ Interventions delivered
	Clinical outcomes
	Compliance with evidence based treatment guidelines
	Financial outcomes - ROI and savings
	Other
7.68.	Reporting is available specifically relating to the case management program and includes:
	Number of members identified as candidates
	Source of Identification
	Number of members receiving telephonic outreach
	Number of members successfully reached by telephone
	Number of members who agree to participate in case management
	Member diagnosis information
	☐ Interventions delivered by case management staff
	Paid claims summary by member
7.69.	Can reports be customized?
7 <b>.</b> 70.	Is there an additional fee for customization?
7.71.	Provide a description of your quality management program for all care management services. Please include frequency of audits, how cases are selected, what specific elements of the program are reviewed during audits and what is done with the information obtained through the audit.
7 <b>.72.</b>	The organization has written policies and procedures for the thorough, appropriate and timely resolution of enrollee complaints and appeals.  Yes No

7•73•	73. The organization maintains a documented standard for timeliness in responding to complaints that accommodates the clinical urgency of situation.	
	○ Yes ○ No	
7•74•	How often do you solicit care management participants' feedback and satisfaction?	
	Annually Semi annually Quarterly	
	Monthly Randomly Do not survey satisfaction	
	Other	
7 <b>.</b> 75.	Can you report these results on a client specific basis?	
7.76.	Please confirm that you are in compliance with all state and federal regulations governing your organization.	
7•77•	What accreditations does your disease management program hold?	
7 <b>.</b> 78.	Briefly explain your organization's processes to comply with the HIPAA regulations protecting the privacy of individually identifiable health information.	
7 <b>.</b> 79•	Please confirm which program components are available in the health promotion and disease management program you are proposing for the client:	
	☐ Predictive modeling technology	
	Online Health Risk Assessment	
	Paper Health Risk Assessment	
	Wellness Initiatives - online, onsite, telephonic, mail based, etc	
	Targeted disease management initiatives	

	☐ Maternity management
	Coordination with medical and disability case management
	☐ Coordination with EAP services and other programs
	☐ Incentive management and fulfullment
	☐ Individualized telephonic coaching or care management
	☐ Individualized onsite coaching at health fairs
	Collection of clinical laboratory results via direct data transfer
	Physician-reported clinical data
	☐ Biometric screenings at client health fairs or alternative method of collection
	Customized communication materials to all participants
	☐ Targeted communication materials to specific candidates
7.80.	The PEIA offers its members a medical weight management program (details can be found at http://www.westvirginia.com/peia/). Please briefly describe how you would administer the following for this program: customer service, intake evaluation, mailing packets, screening applicants, sending approval and denial letters, assigning providers, and monitoring ongoing services.
7.81.	The PEIA offers its members the Face to Face Diabetes program (details can be found at http://www.westvirginia.com/peia/). Please briefly describe how you would administer the following for this program: customer service, intake evaluation, mailing packets, screening applicants, sending approval and denial letters, assigning providers, and monitoring ongoing services.

**7.82.** End-stage renal disease (ESRD) and chronic kidney disease (CKD) are two diseases that require special attention. The PEIA would like a vendor who will have a specialized nurse to assist participants with these diseases, including the evaluation of all non-Medicare ESRD members. Briefly describe how your organization will assist members with ESRD or CKD. Also indicate whether providing this specialized service will impact the ASO fee.

7.83.	Please identify the diseases and	or condition	s for which vou of	er a Disease I	Management Prog	ram. (Check all that ap
	Asthma		,			
	Arthritis					
	Cancer					
	□ CAD					
	CHF					
	COPD					
	<ul><li>Depression</li></ul>					
	Diabetes					
	Eating disorders					
	Epilepsy					
	☐ End stage renal disease	e				
	General maternity					
	High-risk maternity					
	Hypertension					
	Hypercholestremia					
	☐ HIV/AIDS					
	Low back pain					
	Lupus					
	Muskuloskeletal					
	Multiple sclerosis					
	Obesity					
	Osteoporosis					
	Other	Define				

7.84.	Please identify the source(s) of data and define the risk stratification methodology you utilize to identify potential candidates for participation in a disease management program.
7.85.	Please identify the total number of covered lives for which your organization is currently contracted to provide disease management services. a. Of this total, what percentage has been stratified into level(s) that could benefit from disease management? b. How is "active participation" defined for your disease management program? c. For each stratification level, what percentage is actively participating with a coach or care manager from your organization? d. What percentage is receiving educational mailings or emails only?
7.86.	In your experience, what has been the most successful type of information to identify potential candidates for participation in a disease management program?

**7.88.** What clinical care model do you use to assist those participants with multiple chronic

**7.87.** In your experience, what are the most successful program strategies to motivate individual

**7.89.** What is the ratio of clinical disease management staff to covered lives?

**7.90.** What are the credentials of your disease management staff?

participation in a disease management program?

conditions and comorbidities?

7.91.	What is the average case	eload for a disease ma	nagement professio	nal?			
7.92.	What type of outreach m	nethod do you utilize?	)				
	Opt-in						
	Opt-out						
	Other	Explain					
7.93.	How do you measure and	d report outcomes fro	om your disease mar	agement intervent	ions?		
7.94.	What is the return on in	vestment in disease n	nanagement that you	ı are willing to gua	rantee the client?		
7.95.	What other outcome me program effectiveness?	asures (beyond ROI)	do you evaluate and	report to determin	ne		
7.96.	What resources would b management program?	e required of the clier	nt to implement and	monitor your disea	ase		
7.97.	What lead time does you	ır organization requir	re to successfully imp	plement a compreh	ensive, coordinated di	isease management pr	ogrami

7.98.	$Have your \ return \ on \ investment \ evaluations \ been \ conducted \ or \ validated \ by \ an \ independent \ third \ party?$
	○ Yes ○ No
7.99.	Will you agree to and cooperate with a third party for evaluation of ROI and/or program effectiveness?
	○ Yes ○ No
7.100.	Based on what you know about PEIA and your experience with similar groups, please briefly explain what disease management programs you would recommend for the PEIA and when you would suggest implementing them. (i.e. year one for CHF, year two for depression)
<b>7</b> 101	Please provide a listing of the health promotion/lifestyle management programs you offer.
/.101.	Include a brief overview of each program.
7.102.	How do you target individuals who may benefit from participation in a lifestyle management
	program?
7.103.	Please describe your Health Risk Assessment tool. Was this tool developed by your
	organization? If not, please identify the source of your HRA.
7.104.	Does the HRA tool include readiness to change?
E 105	What time of talanhania online and/on angite support does your arganization provide to
7.105.	What type of telephonic, online, and/or onsite support does your organization provide to health promotion/lifestyle management program participants?

7.106.	How do you coordinate with other organizations employed by the client to manage their
	population's health care and disability?

7.107.	How do you measure and report the impact of a health promotion/lifestyle managemen
	program for a client population?

**7.108.** Please complete the following table:

	Number
How many clients currently utilize your lifestyle management programs?	
How many clients with over 20,000 employees currently utilize your lifestyle management programs?	
How many total eligible lives does your program cover?	

**8.1.** Describe your standard reporting capabilities. Include information about all service areas for which you are submitting a proposal to this client.

**8.2.** Provide samples of your standard reports for ALL services for which you are submitting a proposal.

Browse...

8.3.	Please confirm that you will customize a report package to PEIA's specifications.
8.4.	If the PEIA would like to customize its report package, will there be an additional charge for that customization? If so, please use Appendix K - Pricing Spreadsheet to indicate the charge for customization.
	○ Yes ○ No
8.5.	In addition to your standard reporting capabilities, please describe the system capabilities available to analyze detailed clams data to develop cost containment strategies.
8.6.	Please indicate whether or not your system has the capability to provide analytics in the following areas:
	Cost and utilization trends for medical and prescription drug combined
	Cost and utilization trends separately for medical and prescription drug
	Detailed utilization by type of service, place of service, diagnosis, procedure code, etc
	Ability to drill down to individual claim level
	Compliance with Evidence-Based Medicine protocols
	Ability to develop episode risk groups or episode treatment groups
	Program performance and outcomes
	Predictive modeling
8.7.	Describe your normative data capabilities. What is the size of the normative database?
8.8.	Describe how adjustments are made for differences in population such as age, case-mix, severity and geography.

8.9.	Describe your capability and experience in hosting, maintaining and supporting large databases.	
		ı

**8.10.** Describe your predictive modeling capabilities and process.

For what purposes is your organization currently using predictive modeling? (e.g. underwriting, large case management, provider profiling, managing high risk pools, etc.)

**8.12.** Provide a case study example of the application of predictive modeling to the medical management process, including the process of linking to the appropriate intervention resources and measurement of the financial impact.

In addition to medical and prescription drug data, does your system have the ability to receive and report on data in other benefit areas such as Health Risk Assessment, biometric screening results, disability, and Workers' Compensation?

Will you permit the client or its designated consultant to access your system and its analytic capabilities?

O Yes O No

**8.15.** Is all ad hoc reporting included in your TPA and/or UM quote?

O Yes

9.6.

	O No	Explain					
8.16.	Product name c	age profile for each analytica Product description d) Curr ext release level g) Current pr	ent release level e	e) Date current release	level was generally a	partner delivering this capability vailable f) Projected general ers.	b)
		Browse					
8.17.	Please describe	the outreach capabilities asso	ociated with your	data analysis tool.			
9.1.	Provide an organ	nizational chart to include all	l individuals who	will be involved with s	subrogation services f	or client.	
9.2.	Describe your su	ubrogation process from rece	ipt of the claim to	recovery of the dollar	rs paid.		
9.3.	Explain how you	ı identify potential subrogati	on claims.				
9.4.	Do you pay and	pursue or pend and pursue p	otential subrogat	ion claims?			
9.5.	Do you employ a	attorneys to assist in this pro	cess? Describe the	e role of the staff attor	ney.		

Of the total dollars paid at the claim location that will process the client's claims, what percentage is attributed to subrogation savings?

9.7.	What amount or percentage of claim dollars will your company guarantee as a savings to the
	client? If this amount is not attained, are you willing to put your fees at risk for the amount of
	the shortcoming?

<b>9.8.</b> If you are proposing claims administration and/or customer service administration, do how these are integrated with your subrogation services.
--

9.9.	If you are proposing subrogation services only, what data will be required from the claims
	processing administrator? Describe your process for integrating subrogation services with
	another TPA's claim processing services.

Please confirm that you will provide the following. Also indicate whether there is an additional charge for any of these services (if so, the charge(s) should be included in Appendix K - Pricing Spreadsheet):

	Provided?	Additional Charge?
Quarterly provider newsletter (layout, printing, and mailing)		
Quarterly member newsletter (layout, printing, and mailing)		
Open enrollment materials (layout, printing, and mailing)		
Web site maintenance		

Please provide samples of recent provider newsletters, member newsletters, and open enrollment materials.

Browse...

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